## **PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

## Katherine Harris

Secretary of State

## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90036 040 \*\*\*150.00

*X .	1999	DIVISION OF CORPORATIONS					
DOCU	MENT # P98000	0017997	,				
i, corporation	TI TYDIIIQ						
MERR W	KORTGAGE SERVICES CO	RPUHATION					
Principal Place of Business Mailing Address					1 170/1426 IIA Mill (Bibt geur gant mant anter nam ibne enen ente sont ren-		
155 N.E. SPANISH RIVER BLVD. 155 N.E. SPANISH RIVER BLVD.							
BOCA RATON	FL 33431 ·	BOCA RATON	FL 33431			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						02/25/1998	
Principal Place of Business     2a. Mailing			ng Address			4. FEI Number Applied For Not Applicable	
26     26			# atc			\$8.75 Additional	
Suite, Apt.	w, Bic.	27	#, 6tc.			5. Certificate of Status Desired Fee Required	
City & State	9	City & Sta	ite -		-	6, Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country	/	8. This corporation owes the current year Intangible  Personal Property Tax.	
24	9. Name and Address of Curre	29	30 s	<del></del>		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	
····	9. Rame and Address of Cure	TUL MAGISTA AND VAN.	<u>**</u>	81	Name	19. (fallic bits requises of their transfer	
WEBB, BYRON J				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	N.E. SPANISH RIVER BLVD.			82 Street Addres		ODPASS (P.O. BOX PRINTED IS TOUR PROSPEROV)	
BOC	A RATON FL 33431			83	,		
				84	City	85 Zip Code	
			<del></del>			FL	
office or 6	egistered agent, or both, in the State	a of Florida. Such chi	ande was authon	IZOG DY	rine corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	jations of, Section 60	7.0505, Florida S	latytes	š.		
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if approable.	(NOTE: Regust	ered Age	ni signature req	guired when reinstating) DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE	0	u	DELETE 1.1 TITLE			□ Onenika □ Commer. □ ⊆	
NAME	Webb, Byron J 943 Eve Street			1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	DELRAY STREE FL 33483			1.4 City-St-ZiP		_] 🛣	
TITLE	DEDAM ALLEE LE COMPA			21 TITLE		Change Addition	
NAME			2	2 NAME	-		
STREET ADDRESS	DORESS 23 S		3 STREE	T ADDRESS			
CITY-ST-ZIP			4 CITY-S	ST-ZIP	Change Addition		
TITLE		П		3.1 TITLE		∏ ∩ Houring City Lawrings.	
NAME	-			2 NAME	TADDRESS		
STREET ADDRESS			L L	13 STREE 14. CITY-5			
TITLE				.1 TITLE	1	☐ Change ☐ Addition	
NAME		J		. 2 NAME	1		
STREET ADDRESS	RESS 4.3 S		.3 STREE	TADDRESS			
CITY-ST-ZIP				4 CITY-S	T-ZIP	☐ Change ☐ Addition	
IIILE		u		.1 TITLE .2 NAME	1	[] Olitiliko [] i samatu.	
NAME			1		T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			1	4 OTY-S	)		
TITLE				1 TITLE	$\overline{}$	☐ Change ☐ Addition	
NAME			6	2 NAME	1		
STREET ADDRESS			<b>.</b>		T ADDRESS		
CITY-ST-ZIP				4 CITY-S		2 440 07/00/0 Flacial Classical Liurbay codify that the information	
14. I hereby c	ertity that the information supplied v	vith this filing does no	or quality for the e	xempt	ion stated i	in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.